

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000029973

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** COHEN MEUNIER & AGUIRRE DEVELOPMENT GROUP LLC

**Current Principal Place of Business:**

425 OCEAN DRIVE  
107  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

8040 NW 155TH STREET  
MIAMI LAKES, FL 33016

**Current Mailing Address:**

425 OCEAN DRIVE  
107  
MIAMI BEACH, FL 33139

**New Mailing Address:**

8040 NW 155TH STREET  
MIAMI LAKES, FL 33016

**FEI Number:** 20-2571129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MILTON, ROBINSON  
425 OCEAN DRIVE  
107  
MIAMI BEACH, FL 33139 US

**Name and Address of New Registered Agent:**

CAMILO, AGUIRRE  
14341 GLENCAIRN ROAD  
MIAMI LAKES, FL 33106 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CAMILO AGUIRRE

04/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. (X) Delete  
Name: GARY, COHEN  
Address: 7000 WEST PALMETTO PARK ROAD, SUITE 300  
City-St-Zip: BOCA RATON, FL 334332

Title: MR. ( ) Delete  
Name: CAMILO, AGUIRRE  
Address: 14341 GLENCAIRN ROAD  
City-St-Zip: MIAMI LAKES, FL 33016

Title: MR. (X) Delete  
Name: JEAN MARC, MEUNIER  
Address: 615 SENTURCE  
City-St-Zip: CORAL GABLES, FL 33143

Title: MR. (X) Delete  
Name: MILTON, ROBINSON ST  
Address: 425 OCEAN DRIVE, #107  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CAMILO AGUIRRE

MGR

04/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date